

<b>APPLICATION FOR LEAVE</b>			
STAPLE THIS END TO TIME CARD	Name (Print or type Last, First, Middle Int.)	Date From:	Date To:
	No. of Hours:		
	Type of Leave <input type="checkbox"/> ANNUAL "I understand that any annual leave authorized in excess of the amount available to me during the leave year will be charged as LWOP." <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> COMPENSATORY <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> SICK (If applying for sick leave)		
	During this absence, I was: <b>INCAPACITATED FOR DUTY BY:</b> <input type="checkbox"/> Sickness <input type="checkbox"/> On-the-job injury <input type="checkbox"/> Off-the-job injury <input type="checkbox"/> Pregnancy & Confinement <input type="checkbox"/> Death in Family <input type="checkbox"/> Undergoing medical, dental, or optical examination or treatment. <input type="checkbox"/> Required to care for a member of my family with a contagious disease. (Give name and relationship of member and name of diseased: _____) <input type="checkbox"/> Required to be absent because of exposure to contagious disease. (Give name of disease and circumstances of exposure: _____)		
REMARKS		SIGNATURE OF EMPLOYEE	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason) _____ Date _____ SIGNATURE: _____			

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